

Office of the Attorney General
Human Resources
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JOB POSTING

Interested candidates should send their resume via regular mail, email (*as a Word document*) or facsimile to the address or phone number shown above. The Office of the Attorney General is an Equal Opportunity Employer.

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Fraud Analyst Medical Fraud Control Unit (Castleton Office)

Responsibility

The Indiana Medicaid Fraud Control Unit fraud analyst shall be responsible for analyzing Medicaid provider claims to detect patterns of fraud. The fraud analyst reports directly to a unit supervisor and the successful candidate will work out of the main MFCU office in Indianapolis.

The fraud analyst works closely with fraud investigators and is responsible for obtaining all Medicaid claim information from the Family and Social Services Administration Data Management division. And to the extent necessary, the analyst will convert that information into usable formats for investigations and prosecutions. The fraud analyst will support investigations of provider fraud, prescriptions drug diversions, and theft of patient funds. The preferred candidate shall be proficient in the use of Microsoft Excel and Access. The preferred candidate will have experience with medical claims and coding procedures. The Fraud Analyst works as part of a team and will stay current with fraud trends and analytical procedures.

Duties

- Obtain information from the FSSA Data Management;
- Obtain information from the Indiana INSPECT program;
- Research the documentation for patterns of billing and illegal activity, and develop schedules of provider billing activities;
- Prepare written reports of claims analysis to support the investigation and prosecution of Medicaid fraud;
- Assist the deputy attorney general or state or federal prosecutor in preparing cases for court;
- Testify in criminal and administrative proceedings;
- Complete any required component of specialized training of Medicaid fraud and claims analysis;
- Participate in training and perform other work as required;
- Analyze Medicaid claims and medical records;
- Conduct case related research involving diseases and related procedures including medical publications,

- Access Web site information for ICD-9, CPT and HCPCS information;
- Attend NAMFCU basic training, and other specialized training as approved by the deputy director;
- Assist with on-site and off-site audits of Medicaid providers;
- Maintain internal control documents including Time Matters entries time tracking and travel reports;
- Travel as the assignment of duties may necessitate, usually for the following purposes:
 - Travel to assist in serving search warrants and seizing evidence at times beyond normal duty hours;
 - Travel directly from home to the office of a healthcare provider under investigation;
 - Travel to a Medicaid Fraud Control Unit office other than the assigned duty station, or to other locations as required by an investigation;
 - Travel from home to prosecutors' offices or state and federal courts to provide testimony at hearings and trials;
 - Travel from home to various locations in emergency situations.

To perform the job successfully the individual should demonstrate the following competencies:

- *Medical* – Some knowledge about medical conditions and treatments.
- *Analytical* - Synthesizes complex or diverse information.
 - o Collects and researches claim information.
- *Problem Solving* - Gathers and analyzes information skillfully.
- *Technical Skills* - Pursues training and development opportunities and strives to continuously build knowledge and skills
- *Interpersonal* - Maintains confidentiality.
- *Oral Communication* - Speaks clearly and persuasively in positive or negative situations.
 - Listens and gets clarifications.
 - Responds well to questions.
- *Written communication* - Writes clearly and informatively.
 - Able to read and interpret written information.\
- *Quality Management* - Looks for ways to improve and promote quality.
 - Demonstrates accuracy and thoroughness.
 - Proven case management skills.
 - Applies feedback to improve performance.
 - Monitors own work to ensure quality.
 - Must be organized and highly motivated.
- *Ethics* - Treats people with respect and follows through on commitments.
 - o Inspires the trust of others and works ethically and with integrity.
 - o Upholds organizational values.
- *Dependability* - Follows instructions.
 - o Responds to management direction.
 - o Takes responsibility for own actions.
 - o Commits to long hours of work when necessary to reach goals.
 - o Completes tasks on time or notifies appropriate person with an alternate plan.

- *Professionalism* - Approaches others in a tactful manner.
 - Reacts well under pressure and treats others with consideration regardless of their status or position.

Required Job Skills and Knowledge

- Bachelor's degree in a related discipline;
- Proficiency in Microsoft Excel and Access; knowledge of other databases desired.
- Working knowledge of law enforcement investigative procedures and working knowledge of state and federal laws and court proceedings.

Work Environment

- Ability to work inside and outside of an office atmosphere.
- Ability to drive an automobile to locations inside and outside the state of Indiana for work and training purposes; may be assigned to investigations statewide.
- Schedule varies depending upon the type of investigation.

Essential Functions

- Valid Indiana driver's license.
- Review and analyze documents containing writings in the English language.
- Accurately compile and calculate numeric information